

February 11, 2013

Good Afternoon, Chairman Howard and members of the committee.

I am here as a proponent for House Bill 319.

My name is Christine Bates. I am a psychiatric nurse of 30 years experience, both with children and adults. For the last eight years I have been the Director of Nursing at Shodair Children's Hospital here in Helena. I am also currently the Vice Chair of The Mental Health Oversight Advisory Council or MHOAC and the Chair of the MHOAC Transitions Task Force.

The MHOAC exists under the auspices of the Department of Health and Human Services. It is an important part of the role of the MHOAC to advocate for comprehensive mental health services for the mentally ill in the state of Montana. It is also an important part of my role as a psychiatric nurse to advocate for the well-being and needs of my patients. However, I am speaking here today as a private citizen, not as a representative of either Shodair or the MHOAC.

I am a proponent of this bill because it addresses a real need in the area of essential mental health services for a vulnerable part of our population; those youth reaching age 18. This period of transition is a difficult and challenging one for all youth but it is especially daunting for those youth struggling with a severe mental illness. A seamless transition from the Child Mental Health System to the Adult Mental Health System is vital to ensure that these youth do not fall through the man made cracks in our system of care that have existed for far too long and should never have existed at all.

The solution to the issue of transitions is not complicated and is not expensive in comparison to the human and financial cost of doing nothing. I think the Fiscal Note as it currently stands is flawed and adjustments could be made to decrease the cost. I request that amendments to the Fiscal Note be made.

To do nothing and let the system remain as it is - is to place a preventable number of our youth in jeopardy of increased trauma, admission to higher than necessary levels of mental health care, possible self-medication with drugs or alcohol and possible entrance into the criminal justice system. Mental illness has many faces and many causes but no mental illness can be faced or managed alone. Those youth suffering from mental illness must be provided a safe bridge of support between one system to the other if essential mental health care is to be provided.

If I may - I would like to share an example of what can happen unless we change the current state of affairs:

A few months ago we had a youth admitted to our acute unit at Shodair. This youth was admitted from a group home where he had been for a long time and was doing well. His eighteenth birthday was quickly approaching however and because no plans were able to be put in place about his future -

he began to decompensate. He became increasingly violent and was transferred to Shodair. His despair and fear were apparent from the first day, as was his sense of abandonment and hopelessness. He had been in the custody of the state for years due to abuse and neglect and essentially because of the current status of soon to be eighteen year olds in our mental health system, he had no one to turn to for guidance or support when he "aged out" and needed help getting help.

Many phone calls and many difficult and frustrating dead end conversations later, (over a two week period at the cost of \$1500 per day), he was transferred to the BHU at St. Peter's hospital for approximately a week from where he was eventually transferred to Montana State Hospital. I do not know the resulting length of stay at MSH. The result of these hospitalizations was unreasonable and unnecessary trauma to this youth, and unreasonable and unnecessary financial costs to the state, because reasonable and necessary rules and procedures do not exist to prevent this situation from happening in the first place.

Thank you for your time and attention.

Christine Bates RN, MSN